Idaho Ryan White Part B/ ADAP Policies & Procedures Manual

FY 2011

Developed by Mountain States Group, Inc.
in partnership with the Family Planning, STD and HIV Programs of the
Idaho Department of Health and Welfare

Table of Contents

Appendix

SECTION I: PROGRAM OVERVIEW

1. RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT

The Ryan White HIV/AIDS Program was enacted in 1990 and reauthorized in 1996 and 2000. Reflecting the changing epidemic, the Ryan White HIV/AIDS Treatment Modernization Act of 2006 was passed changing the way in which Ryan White funds can be used. The new law emphasized providing life-saving and life-extending services for people living with HIV/AIDS. Part B of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 provides grants to all fifty States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and five U.S. Pacific Territories or Associated Jurisdictions. Part B grants include a base grant, the AIDS Drug Assistance Program (ADAP) earmark, ADAP supplemental grants and grants to States for Emerging Communities-those reporting between 500 and 999 cumulative reported AIDS cases over the most recent five years. All funding is distributed *via* formula and other criteria.

Part B funds must be used to fund 75 percent of core medical services, which can include any of the following depending on state program decisions:

- Outpatient/Ambulatory Medical Care
- AIDS Drug Assistance Program
- AIDS Pharmaceutical Assistance
- Early Intervention Services
- Oral Health Care
- Health Insurance Premium and Cost Sharing Assistance
- Home Health Care
- Home and Community Based Health Services
- Hospice Service
- Mental Health Services
- Medical Nutritional Therapy
- Medical Case Management Services
- Substance Abuse Services Outpatient

The remaining 25 percent must-fund support services that are needed for individuals with HIV/AIDS to achieve their medical outcomes. Support services may include any of the following:

- Case Management (non-medical)
- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home-Delivered Meals
- Health Education/Risk Reduction
- Housing
- Legal Services
- Linguistic Services
- Medical Transportation Services
- Outreach Services
- Psychological Support Services
- Referral for Health Care/Supportive Services
- Rehabilitation Services
- Respite Care
- Treatment Adherence Counseling (by non-medical personnel)
- Residential Substance Abuse Treatment

The Idaho Medical Case Management Program follows the core medical services requirement of Health Services and Resources Administration (HRSA), the federal administrative agency of the Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Ryan White Program). HRSA requires that Ryan White Program Grantees assure that the core medical services are adequately met before spending resources on other support services. Per HRSA policy, remaining funds may be spent on support services, defined as

services needed to achieve outcomes that affect the HIV-related Clinical status of a person with HIV/AIDS.

2. IDAHO RYAN WHITE PART B PROGRAM GOALS AND OBJECTIVES

The primary goals of HIV Medical Case Management are as follows:

1) Develop and maintain a continuum of care
2) Promote self-sufficiency
3) Enhance the quality of life for Persons Living With HIV/AIDS (PLWHA)

Ryan White Program services are intended to:

- To promote a single point of access for a variety of health and human services;
- To develop Wellness Plan(s) with the client;
- To link the individual's specific needs to the most effective services at the most effective time;
- To identify gaps in services and to broker community resources to address service needs;
- To advocate on the behalf of clients for availability, timeliness, effectiveness and appropriateness of services;
- To reduce the fragmentation and duplication of services;
- To contain costs through efficient utilization of services; and
- To monitor and review the client's needs and progress in relationship to the Wellness Plan and to modify the plan as necessary.

Ryan White Part B (RWPB) funds are administered by the Idaho Department of Health and Welfare's Family Planning, STD and HIV Programs (FPSHP) through a series of contracts with community-based organizations and health departments.

The Family Planning, STD and HIV Programs, Ryan White Part B Program administers Idaho's AIDS Drug Assistance Program (ADAP) funded in part by RWPB ADAP Earmark funds, ADAP Supplemental Funding, and State General Funds. The National Association of State and Territory AIDS Directors (NASTAD) negotiates pricing of anti-retrovirals drugs with the pharmaceutical companies who manufacture them. A state or territory ADAP may negotiate with a pharmacy provider for the 340B Public Health pricing and the NASTAD negotiated pricing and pay a dispensing fee for each client. Another way to access 340 B- and NASTAD-negotiated pricing is to pay full price charged by a wholesaler or other method of dispensing and submit for rebates from the pharmaceutical companies on a quarterly basis. Idaho participates in the Drug Rebate Program to ensure correct pricing for the anti-retrovirals on the program's formulary. For formulary information, please go to the following website link:

www.safesex.idaho.gov (under "HIV Care and Treatment")

FY 2011 contracts with providers allow for the following services:

1) Medical Case Management
2) Emergency Financial Assistance
3) Medical Transportation

Although RWPB has only allocated funding to the above listed services, additional RW funded services may exist in your area through RWPC, HOPWA Programs, or other local funding sources.

3. HIV MEDICAL CASE MANAGEMENT SITE DIRECTORY

Unless otherwise indicated, all HIV Ryan White Part B Program correspondence should be directed to this address:

Idaho Department of Health and Welfare
Bureau of Clinical and Preventive Services
Family Planning, STD and HIV Programs
450 W. State Street, 4th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
Attn: Ryan White Part B Program Coordinator

To contact the Ryan White Part B Program Coordinator by telephone, dial (208) 334-5943. Facsimiles can be directed to the attention of the *Ryan White Part B Program Coordinator* at (208) 332-7346.

As of May 1, 2011, there are five standard RWPB Medical Case Management sites located at the following organizations:

ORGANIZATION	PHONE
North Idaho AIDS Coalition (NIAC) (Coeur d'Alene)	(208) 665-1448 or 1-866-609-1774
Inland Oasis (Moscow)	(208) 596-2701
Centro de Comunidad y Justicia (Center for Community Justice) (Boise)*	(208) 378-1368
Southeastern District Health Department (Pocatello)	(208) 234-5885
Eastern Idaho Public Health Department (Idaho Falls)	(208) 522-0310

*Centro de Comunidad y Justicia provides Medical Case Management Services for clients in Boise, Nampa, and Twin Falls.

The following organizations are Ryan White Part C-funded clinics providing HIV care to Idaho Residents:

ORGANIZATION	PHONE
Family Medicine Residency of Idaho, Wellness Center- serving clients in Southern Idaho	(208) 514-2505
Pocatello Family Medicine (Wellness Center Satellite Clinic)- serving clients in Southeastern Idaho	(208) 282-4700
Community Health Association of Spokane (CHAS)- serving Idaho residents in Northern Idaho	(509) 444-8200

PLEASE NOTE: ALL RWPB MEDICAL CASE MANAGEMENT FORMS CAN BE ACCESSED AND DOWNLOADED FROM THE FOLLOWING WEBSITE: www.safesex.idaho.gov.

CLICK ON "HIV CARE AND TREATMENT."

FORMS ARE LOCATED IN THE COLUMN ON THE RIGHT. (Please see Administrative Polices, Idaho Ryan White Medical Case Management Forms and Policies and Procedures Manual for further information in Section IV.)

SECTION II: CLIENT INTAKE

1. CLIENT ELIGIBILITY

POLICY

Client eligibility is determined by the Ryan White CARE Act (PL 104-146) Sect. 2617 4B (II), HRSA/HAB Program Policy Notice No. 97-01 and the Ryan White Part B Policies and Procedures Manual. The purpose of this policy is to ensure compliance with applicable federal policies for eligible clients receiving Ryan White Part B funding. This policy identifies client eligibility requirements and limitations for individuals applying for Ryan White Part B funding. States are required to **"**ensure that grant funds are not utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service (i) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program." (From federal policy cited above.)

Additionally, each state may adopt their own eligibility guidelines and rules; provided those guidelines and rules do not go beyond or further restrict the federal guidance. Idaho Department of Health and Welfare Administrative Rules 16.02.05, Rules Governing Human Immunodeficiency Virus (HIV) Related Services states the Departments current rules for Ryan White Part B and ADAP eligibility for persons seeking assistance in Idaho. The last legislative update of the Idaho Department of Health and Welfare, Rules Governing HIV Related Services, 16.02.05, was completed in May of 2003. The Ryan White Part B Programs are still required to follow the eligibility guidelines though the allowed services stated in rule have changed considerably since the passage of the Ryan White Treatment Modernization Act of 2006.

The following client eligibility guidelines are applicable to all services available through Idaho Ryan White Part B funding. The FPSHP Ryan White Part B Program Coordinator is responsible for final eligibility determination.

Participant Eligibility Requirements:

1) Client must be HIV positive and documentation (previous medical records, HIV Western Blot results, CD4+ counts) substantiating their HIV status must be on file with the contracting/subgrantee organization providing Ryan White Part B funded services (IDAPA 16.02.05).

2) Client must have an Idaho address and reside in the state (IDAPA 16.02.05).

3) Client must meet current income eligibility guidelines requiring that a client's income must fall below 200% of the Federal Poverty Guidelines for the current grant year (IDAPA 16.02.05).

4) Inmates of the State, or Federal Corrections system and immigration detainees, are not eligible for services under the Ryan White Part B Program (IDAPA 16.02.05).

Payment for medical services (if available) will only be available to those individuals who are not eligible for Medicaid, Medicare, or any other public or private insurance program[1].

NOTE: Clients *must* access employer-provided health insurance if eligible.

Private Insurance Coverage:

Clients may be eligible for ADAP if they have private insurance coverage that includes an annual cap on medications coverage, and they have reached that cap.

Income:

Income means gross monthly income before deductions. Income includes the following:

1) Monetary compensation for services, including wages, salary, commission or fees
2) Net income from farm and on-farm self-employment
3) Unemployment insurance compensation
4) Government civilian employee or military retirement or pension, including veteran's payments
5) Private pensions or annuities
6) Alimony or child support payments
7) Regular contributions from persons not living in the household
8) Net royalties
9) Social Security benefits
10) Dividends or interest on savings or bonds, income from estates or trusts or net rental income
11) Public assistance or welfare payments (not including Food Stamps or WIC)
12) Other cash income received or withdrawn from any source including savings, investments, trust accounts or other resources

Additional Requirements:

1) Client must complete an intake process through a Ryan White service provider and must provide updated information annually to ensure continued eligibility.

2) Clients must keep their case manager informed whenever there is a change in income or insurance coverage.

3) Clients must sign applicable consent for service forms and privacy/security agreements as required.

4) Clients who intentionally provide information which is misleading or fraudulent for the purposes of obtaining benefits through Ryan White Part B funding may be immediately removed from the participation in the program with the possibility of legal action taken.

[1)] The Ryan White Program does not pay the premium or deductible payment for clients who have Medicaid, Medicare, or any public or private insurance.

PROCEDURE

To determine eligibility, the following steps must be completed:

1) Medical Case Manager (MCM) meets face to face with the client
   a. Make copies of client photo identification

2) MCM completes the Idaho Ryan White Medical Case Management Intake and Eligibility Determination Form with the client (available from Family Planning, STD and HIV Programs at www.safesex.idaho.gov under "HIV Care and Treatment").

3) MCM verifies income using one or more of the following (please make copies of documentation):
   a. Paystub (3 months)
   b. SSI/SSD check/annual statement
   c. Income tax returns for previous year
   d. Statement of No Income

4) MCM verifies HIV positive status using one of the following:
   a. Medical records
   b. Lab results
   c. Rapid test result (If a client has no medical record or access to medical records nor any other acceptable form of documentation, an HIV rapid test must be completed)

5) MCM determines income eligibility based on current income guidelines (Please refer to http://aspe.hhs.gov/poverty)

6) MCM fax or, mail in confidential envelopes the following documents to the RWPB Program at the Idaho Department of Health and Welfare:
   a. Idaho Ryan White Medical Case Management Intake and Eligibility Determination Form
   b. Release of Information Form
   c. Copies of income documentation
   d. Copies of insurance card(s)

2. CLIENT RELOCATION

POLICY

A client may choose their preferred agency for Ryan White Part B services. A client may either move to another health district or travel to another health district for services.

PROCEDURE

The new agency must follow the intake procedures for a new client.

Contacting the previous agency for client case information should be done once a Release of Information has been signed.

3. CLIENT RIGHTS

POLICY

HIV Medical Case Management clients have the following rights:

- To be treated with respect, dignity, consideration, and compassion.
- To receive case management services free of discrimination on the basis of race, color, sex/gender, ethnicity, national origin, religion, age, class, sexual orientation, physical or mental ability.
- To participate in creating a plan for medical case management services.
- To be informed about services and options available to you.
- To reach an agreement with your case manager about the frequency of contact you have either in person or over the phone.
- To withdraw your voluntary consent to participate in case management, but you will no longer be eligible for Ryan White Part B services.
- To have your medical records and case management records be treated confidentially.
- To have information released only in the following circumstances:
    - When you sign a written release of information.
    - When there is a medical emergency.
    - When a clear and immediate danger to you or others exist.
    - When there is possible child or elder abuse.
    - When ordered by a court of law.
- To file a grievance about services you are receiving or denial of services.
- To be free from physical, sexual, verbal and/or emotional abuse or threats.

PROCEDURE

1) To ensure that all Ryan White Part B Medical Case Management clients are aware of their individual rights and responsibilities, the *Ryan White Part B Client Rights and Responsibilities* form, must be provided at the time of intake to the client.

2) The client shall read the document and have opportune time to ask questions and gain feedback from the person completing the RWPB MCM Intake and Eligibility Determination form.

3) The client shall sign stating that they understand their rights, and have been provided a copy.

4) Each time a client recertifies, the above steps must be completed again.

4. CLIENT RESPONSIBILITIES

POLICY

HIV Medical Case Management clients have the following responsibilities:

- To treat other clients and staff of this agency with respect and courtesy.
- To protect the confidentiality of other clients you encounter at this agency or in public.
- To participate as much as you are able in creating a plan for medical case management.
- To let your case manager know any concerns you have about your care plan or changes in your needs.
- To make and keep appointments to the best of your ability, or if possible, call agency to cancel or change an appointment time.
- To stay in communication with your case manager by informing him/her of changes in your address or phone number, income and insurance coverage and respond to the case manager's calls or letters to the best of your ability (failure to inform your medical case manager of changes may constitute being dropped from case management).
- This program involves the receipt of federal and/or state funds; any person supplying false information may be subject to state and/or federal criminal prosecution, which may result in fines, imprisonment, or both. Additionally, there will be an immediate six-month suspension from RWPB Programs and ADAP.
- To not subject agency personnel and other clients to physical, sexual, verbal and/or emotional abuse or threats during your case management time.

PROCEDURE

1) To ensure that all Ryan White Part B Medical Case Management clients are aware of their individual rights and responsibilities, the *Ryan White Part B Client Rights and Responsibilities* form, must be provided at the time of intake to the client.

2) The client shall read or be read the document and have opportune time to ask questions and gain feedback from the person completing the RWPB MCM Intake and Eligibility Determination form.

3) The client shall initial the last page of the RWPB MCM Intake and Eligibility Determination form acknowledging they were given a copy of the form.

Each time a client recertifies, the above steps must be completed.

5. CONFIDENTIALITY

POLICY

1) The Ryan White Part B program and contractors are required to follow Health Insurance Portability and Accountability Act (HIPPA) guidelines.

2) The Ryan White Part B program and contractors must ensure that procedural safeguards are followed in confidentiality requirements according to IDAPA 16.05.01, Use and Disclosure of Department Records.

3) No information should be released without a current signed Release of Information form giving permission to release specific information to the requestor.

6. IDAHO RYAN WHITE MEDICAL CASE MANAGEMENT INTAKE AND ELIGIBILITY DETERMINATION FORM

POLICY

The Idaho Ryan White Medical Case Management Intake and Eligibility Determination Form (available from Family Planning, STD and HIV Programs at www.safesex.idaho.gov) must be complete for a client to be eligible for RWPB services. This form is to be completed, with the client, by the Medical Case Manager (MCM) or designated alternate staff.

PROCEDURE

When completing the Idaho Ryan White Medical Case Management Intake and Eligibility Determination Form, the following fields must be completed as follows:

1) Client URN: CAREWare will assign the URN once the clients name and date of birth are entered. (Refer to step 4 of this procedure for field requirements).

2) ADAP ID: The ADAP ID is used when physicians order medications from ADAP or in reference to IDAGAP forms. For further information on constructing the ADAP ID, please contact the RWPB Program staff or another RWPB Medical Case Manager.

3) Date of Intake/Eligibility Date: This refers to the date of the first face to face meeting with the client. Note that all billing and data entry must begin on this date.

4) Personal/Contact Information (need copy of photo identification):
    a. Legal Last Name/Legal First Name: Use the *legal* name stated on photo identification. If the client prefers to go by another name, please note in "Preferred Name."

    b. Date of Birth: Use the following format: 00/00/0000.

    c. Client Preference for Contact: This section should be carefully assessed with the client. At all times, the MCM must ensure the safety and confidentiality of the client. Determine, with the client's input, type of contact, whom to have contact with, and what kind of information can be shared.

    d. Ethnicity: Indicate the client's response.

    e. Preferred Language/Interpreter Needed: Indicate the client's response.

    f. Race: Indicate the client's response.

    g. Relationship Status: Indicate the client's response.

    h. Occupation/Status of Employment: Indicate the client's response.

    i. Veteran Status: Indicate the client's response.

5) HIV Status:
    a. Proof of HIV Diagnosis: This requirement determines a client's eligibility for Ryan White Programs in Idaho.
        1. Proof of HIV+ status must be documented.

        2. Client must produce medical records or sign a release to obtain them.

        3. If medical records cannot be accessed, a HIV Rapid Test must be performed and followed up with lab work.

    b. AIDS Diagnosis: An AIDS diagnosis is made when the following occurs:
        1. CD4 count is below 200 at any point in the client's history.

        2. CD4 Count 14% or below.

3. Client contracted an opportunistic infection.

c. HIV Status: This is based on results from labs or medical records. This section may have to be completed at a later point if information is not available. *Please note that "HIV Negative (affected)" is a category in CAREWare, however Idaho RWPB does not provide funding for services to affected individuals.*

d. Risk Factor: Indicate the client's response.

e. HIV Care Provider: This refers to the clinic or clinician who manages the client's HIV.

6) Housing Status: To determine the definitions of housing status, please see the Ryan White Services Report (RSR) instructions at the following link: *http://hab.hrsa.gov/manage/CLD.htm* or Idaho RWPB CAREWare User Guide 5.0.

7) Financial Status and Eligibility:
   a. Determine an individual's gross monthly and annual income and the household/family's gross monthly and annual income.

      1. **Individual Income:** Ryan White Part C Cap calculation requires individual income, regardless of legal responsibilities of marriage, adoption, or blood relationship. Please enter the person's gross individual income. *(For definition of gross income. see IDAPA Rule 16-02-05, 100-02).*

      2. **Family:** a group of individuals related by blood, adoption, or legal marriage who are living as one household group.

      3. **Household/Family Size:** Household can be one individual if they are not related by marriage and there are no dependents.

      4. MCM verifies income using one of the following (please make copies of documentation):
         a) Paystub (3 months)
         b) SSI/SSD check/annual statement
         c) Income tax returns for previous years
         d) Statement of No Income

   b. RWPC eligibility is based solely on the individual's income. However, HRSA requires the collection of household income as well.

   c. In regards to income from public assistance:
      1. TAFI payments are counted as income
      2. Food Stamps should not be counted as income

d. Mark the services client qualifies for and needs at the time of intake.

e. If a client's eligibility or need for ADAP is in question, do not mark on the intake. The following are some examples of when **NOT** to mark ADAP.

1. A new positive comes in for Medical Case Management but has not been to a HIV Clinic (or medical provider licensed to prescribe) to determine if ARVs are needed, but otherwise qualifies for ADAP.
2. An HIV positive client who remains healthy without ARVs but qualifies for ADAP.
3. **At the time medications are prescribed, update the existing RW MCM Intake and Eligibility Determination form to reflect ADAP status.**
4. If the state office becomes aware a client has been activated to ADAP, an email will be sent notifying the appropriate MCM.
5. MCMs may send a confidential email to request an existing client be activated to ADAP.
6. If a client has been in MCM for six months prior to a request for activation to ADAP, a Financial and Eligibility Update Form must completed and sent in with the request.

f. Refer to CAREWare Custom Annual screen for updated ADAP status.

8) Insurance Information:

a. Determine guarantor for client's insurance coverage and complete patient insurance information.

b. Mark appropriate boxes to indicate insurance provider(s).

c. If the client does have coverage, make copies of the front and back of all insurance cards.

d. If the client has VA coverage, clients may choose to opt out of coverage to protect their confidentiality.

e. If client is under their parent's insurance and is 18 or older, they may choose to opt out of that coverage to protect their confidentiality.

f. Clients may be eligible for ADAP if their private insurance plan has a medications cap. A **cap** is the maximum amount the insurer will pay for medications during a specified period. Plans may have a yearly or a lifetime cap. For further information, see ADAP Section under Administrative Policies.

9) Additional Forms Required for Ryan White Part C Initial Clinic Appointment:

***Please Note*: If your client attends clinic at Twin Falls or at the Wellness Center in Boise, please complete these additional forms (to access forms, call the receptionist at the Wellness Center):**

1. Family Medicine Health Center Financial Responsibility (2 pages)
2. Family Medicine Health Center Acknowledgment of Receipt of Notice of Privacy Practices and No Shown Policy (1 page)
3. Cap Registration (1 page)

10) Forms required for RWPB and RWPC:
The MCM will FAX or mail in an envelope marked "Confidential" the following documents as per the below table:

RWPB	RWPC
1. Intake and Eligibility Determination Form	**1.** Intake and Eligibility Determination Form
2. Release of Information Form	**2.** Release of Information Form
3. Copy of income documentation	**3.** Copy of photo identification
4. Copy of insurance card (front and back)	**4.** Copy of income documentation
	5. If client attends clinic in Twin Falls or at the Wellness Center, please FAX applicable forms as listed above in number 10
	6. Copy of insurance card (front and back)

CAREWARE DATA ENTRY

Under "Client Contact" Tab, enter client's contact information according to the Idaho RWPB CAREWare User Guide 5.0 (pages 48-49).

Under "Income Verification" Tab, enter client's income information according to the Idaho RWPB CAREWare User Guide 5.0 (page 50).

7. IDAHO RYAN WHITE MEDICAL CASE MANAGEMENT ASSESSMENT

POLICY

The Medical Case Management (MCM) Assessment is to be completed by the Medical Case Manager for each new client upon intake. For existing clients, the MCM Assessment must be completed annually for each client at time of recertification.

PROCEDURE

The MCM Assessment consists of the following sections:

1) Financial and Resource Evaluation

2) Substance Abuse and Mental Illness Symptoms Screener (SAMISS)

3) Homeless Prevention Screening Tool

4) The HITS Scale (Hurts, Insults, Threatens and Screams Domestic Violence Screener)

5) Vaccination History

6) Transportation Evaluation

7) Nutrition and Basic Needs Evaluation

8) Adherence Assessments

Use the following instructions to complete Sections 1-8 of the MCM Assessment Form.

FINANCIAL AND RESOURCE EVALUATION: The information provided below helps identify the household composition, monthly household income, monthly household expenses, gross monthly and annual income, insurance, Medicaid and Medicare eligibility, Ryan White Parts B and C eligibility, and HOPWA eligibility.

Definitions:

1) ***Household/Family Composition:*** Using following definitions, complete section. **Family:** a group of individuals related by blood, adoption, or legal marriage who are living as one household group.

   Household/Family Size: Household can be one individual if they are not related by marriage and there are no dependents.

2) ***Monthly Household/Family Gross Income:*** Using following definitions, complete section.

3) ***Household/Family Income:*** the sum of money received in the previous calendar year by all household/family members as per above definitions, ages 15 years and older

   Individual Income: RW Part C Cap calculation requires individual income, regardless of legal responsibilities of marriage, adoption, or blood relationship. Please enter the person's gross individual income. **(For definition of gross income. see IDAPA Rule 16-02-05, 100-02).**

   a. TANF/TAFI-**T**emporary **A**ssistance for **F**amilies in **I**daho (TAFI) is a cash assistance program managed by the Idaho Department of Health and Welfare's Self Reliance office. TAFI counts towards the client's income.

   b. Enhanced Rent- income acquired through a rental unit (i.e. Does the client rent out all or a portion of his/her house?)

   c. WIC- federally funded nutrition program for **W**omen, **I**nfants and **C**hildren. WIC does not count towards the client's income.

4) ***Monthly Household/Family Expenses:*** See MCM Assessment form for list of expenditures.

5) ***RWPB/RWPC Eligibility Table:***
    a. ***Gross Annual Household/Family Income:*** Gross monthly income multiplied by 12 unless annual income provided.
    b. ***Federal Poverty Level:*** A client whose income falls between 0- 200% of the federal poverty level, is eligible for RW Part B services. All clients are eligible for Part C services; however, the co-pay amounts depend on the client's annual income.
    c. ***RW Part C Co-pay:*** Determined by where household/family gross monthly income falls in the federal poverty range
    d. ***Method to Calculate Gross Annual Income:*** Please follow the guidelines listed below to calculate an individual's annual income if not provided.
        1) Determine the individuals pay schedule, weekly, bi-weekly, bi monthly, or monthly.
            1) weekly = 52 pay periods
            2) bi-weekly (every two weeks)= 26 pay periods
            3) bi-monthly (twice per month)= 24 pay periods
            4) monthly = 12 pay periods.
        2) Determine the hourly rate of pay and multiply by the number of regularly scheduled hours worked per pay period (typically, overtime hours would not be included()
        3) Use the results of the regular hours per pay period multiplied by hourly rate and multiply by the number of pay periods in a twelve month period.
        4) Please repeat this calculation for each family member that has an income from employment.
        5) Note that TAFI counts as income, however Food Stamps do not count towards a client's income.
    e. ***RW Part C Co-Pay Maximum:*** Calculated by gross household/family annual income multiplied by five, seven or ten percent, depending upon which poverty level range their annual income falls within. For example:
        1) 0-100% pays $0; 101-200% pays a minimum $10 co-pay per visit, with a co-pay maximum of five percent of the gross annual income;
        2) 201 201-300% pays a minimum $20 co-pay per visit, with a co-pay maximum of seven percent of the gross annual income; and
        3) Over 300% pays in full with a co-pay maximum of ten percent of the gross annual income.

6) ***Private Insurance, Medicare, and Medicaid:*** Determine type of insurance coverage and make copies of front and back of insurance card(s).
    a. Medicare Part A: Provides for hospital care with no premium charge
    b. Medicare Part B: Provides for outpatient care and will charge a premium
    c. Medicare Part C: Privately purchased Medicare supplemental insurance plan
    d. Medicare Part D: Provides pharmaceutical coverage and may charge a premium
    e. IDAGAP Eligibility: refer to Idaho State Prescription Assistance Program: IDAGAP (located in Section IV)

f. Medicaid: If client has not applied for Medicaid but may be eligible based on income and other qualifiers, please note in comment section when client will complete Medicaid application. If exact date is not known, use an approximate date, and follow up with the correct date (also, note as a goal on the Wellness Plan).
g. NOTE: Some clients may be eligible for *both* Medicaid and Medicare.

7) ***Ryan White Parts B and C Program Participation***

a. ***Applied for RWPB/Applied for RWPC:*** Have appropriate intake documents been submitted to programs? If yes, the effective date is the initial intake date. If no and determined eligible for either program, submit appropriate intake documents.
b. ***Ryan White Part B Services:*** The following services are provided by RWPB State Program and contractors.

1) ***AIDS Drug Assistance Program (ADAP treatments):*** Provides for a State-administered program authorized under Part B of the Ryan White Program that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare.

2) ***Medical Case Management:*** This service provides for client-centered services that link clients with health care, psychosocial, and other services. MCM service activities include the following:

1) Assessment of needs and personal support systems;
2) Development of the Wellness Plan;
3) Coordination of services identified in the Wellness Plan;
4) Monitoring services received; and
5) Periodic re-evaluation of the participant's Wellness Plan to make revisions to reflect the individual's needs.

b) ***Emergency Financial Assistance:*** is the provision of short-term payments to agencies or the establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication, when other resources are not available. Part A and Part B programs must allocate, track, and report these funds under specific service categories.

c) ***Transportation to Medical Appointment:*** Also known as "Medical Transportation," this provides for transportation services provided to an individual in order to access HIV-related services

d) ***HIV Diagnostic and Monitoring Labs:*** Funding is set aside to provide RWPB uninsured clients access and payment for labs through a contract with Treasure Valley Labs

c. ***Ryan White Part C Services Provided:***

1) ***Outpatient/Ambulatory Medical Care:*** includes provision of professional, diagnostic, and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse practitioner or other health care professional certified to prescribe

ARV therapy in an outpatient setting. Clinics, medical offices, or mobile vans, where clients do not stay overnight**.**

Emergency Room Services are not considered outpatient.

Services include: early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties).

2) ***Primary Medical Care:*** treatment of HIV infection includes the provision of care that is consistent with the PHS's guidelines. Must include access to antiretroviral (including combinations of ARVs) and other drug therapies, including prophylaxis and treatment of opportunistic infections.

3) ***Oral Health Care:*** Includes diagnostic, preventative, and therapeutic services provided by a dental health care professional licensed to provide health care in the state.

4) ***Mental Health Services:*** Includes psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness in a group or individual setting and provided by a mental health professional licensed or authorized within the State to render such services.

5) ***Medical Nutrition Therapy:*** Including nutritional supplements and is provided by a licensed registered dietitian outside of a primary care visit. The provision of food may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietician.

6) ***Linguistics Services:*** Includes interpretation and translation, both oral and written.

7) ***Medical Case Management:*** This service provides for client-centered services that link clients with health care, psychosocial, and other services. MCM service activities include the following:

1) Assessment of needs and personal support systems;
2) Development of the Wellness Plan;
3) Coordination of services identified in the Wellness Plan;
4) Monitoring services received; and
5) Periodic re-evaluation of the participant's Wellness Plan to make revisions to reflect the individual's needs.

8) ***Case Management (non-Medical):*** includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services.

9) T***ransportation to Medical Appointment:*** Also known as "Medical Transportation," this provides for transportation services provided to an individual in order to access HIV-related services.

10) ***Referral for Health Care/Supportive Services:*** The act of directing a client to a service in person, through telephone, written, or other type of communication (referrals not included under AOMC or case management services).

8) ***Additional Services:*** The following services are ***not currently available*** through RW Programs in Idaho. However, FPSHP will be gathering data to evaluate need and potential future funding.

a. ***Help with your private health insurance cost:*** This service provides for premium payments, risk pools, co-payments and deductibles.

b. ***Home Health Care:*** Includes the provision of services in the home by licensed heath care workers such as nurses, and the administration of intravenous and aerosolized drug therapy, parenteral feeding, diagnostic testing, and other medical therapies.

c. ***Home & Community-Based Health Services:*** Includes skilled health services furnished to the individual in the individual's home, based on a written plan of care established by a case management team that includes appropriate health care professionals.

Services include: durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. **NOTE:** Inpatient hospitals services, nursing homes, and other long-term care facilities are **NOT** included as home and community-based health services.

4. ***Hospice Care:*** end-of-life care provided to clients in the terminal stage of an illness. It includes room, board, nursing care, counseling, physician services, and palliative therapeutics. Services may be provided in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services.

5. ***Substance Abuse Services (outpatient):*** the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol

and/or legal and illegal drugs) in an outpatient setting by a physician or under the supervision of a physician, or by other qualified personnel.

6. ***Child Care Services:*** the provision of care for the children of clients who are HIV-positive while the clients are attending medical or other appointments or Ryan White HIV/AIDS Program-related meetings, groups, or training. This does not include child care while the client is at work.

7. ***Food Bank/Home Delivered Meals:*** the provision of actual food or meals. It does not include finances to purchase food or meals, but may include vouchers to purchase food. The provision of essential household supplies, such as hygiene items and household cleaning supplies, should be included in this item. The provision of food and/or nutritional supplements by a non-registered dietician should be included in this item as well.

8. ***Health Education/Risk Reduction:*** the provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information; including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.

9. ***Housing services:*** the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.

10. ***Legal Services:*** services to individuals with respect to powers of attorney, do-not-resuscitate orders, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White HIV/AIDS Program. **NOTE:** Legal services do **not** include any legal services to arrange for guardianship or adoption of children after the death of their normal caregiver.

11. ***Outreach* Services:** programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in, care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education.

12. ***Permanency Planning:*** the provision of services to help clients/families make decisions about placement and care of minor children after the parents/caregivers are deceased or are no longer able to care for them.

13. ***Psychosocial Support Services:*** the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral

care, caregiver support, and bereavement counseling. It includes nutrition counseling provided by a non-registered dietitian, but it excludes the provision of nutritional supplements.

14. ***Rehabilitation Services:*** services provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. Services include physical and occupational therapy, speech pathology, and low-vision training.

15. ***Respite Care:*** the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.

16. ***Substance Abuse Services (residential):*** includes treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term).

17. ***Treatment Adherence Counseling:*** counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical settings.

SAMISS[2]: This is a best practice mental health and substance abuse screener for persons with HIV. The SAMISS includes 13 items assessing mental illness symptoms and substance use. The substance use screening items included the following:

a. Questions from the Alcohol Use Disorders Identification Test (AUDIT) regarding frequency and amount of alcohol use;

b. The questions from the Two Item Conjoint Screen for Alcohol and Other Drug Problems, which screen for substance abuse and/or dependence;

c. One question regarding use of illicit drugs, such as heroin or cocaine;

d. One question about abuse of prescription drugs (The questions regarding illicit drug use and prescription drug use were developed for use in this study.)

The SAMISS is administered verbally to clients and usually takes about five to ten minutes to complete.

Client considered positive for substance abuse symptoms if any of the following criteria are met:

a. The **sum** of responses for **Questions 1-3 is ≥ 5**
b. The **sum** of responses for **Questions 4-5 is ≥ 3**

[2] Whetten K, Reif S, Swartz M, Stevens R, Ostermann J, Hanisch L, and Eron J. SAMISS

c. The **sum** of responses for **Questions 6-7 is ≥ 1**

Client considered positive for symptoms of mental illness if he/she responded yes to *any* mental health question.

HOMELESS PREVENTION SCREENING TOOL: This is a best practice screener developed by the Office of Mental Health – Homeless Action Committee. To determine the risk of homelessness, Total the number of boxes checked "YES" and use the following formula (**do not count question 1 towards the number of boxes checked "YES." If question checked "YES" client is currently homeless**):

High = More than 8 Boxes checked "YES"
Moderate = 3 to 7 Boxes checked "YES"
Mild = 1 to 2 Boxes checked "YES"

THE HITS SCALE (HURTS, INSULTS, THREATENS AND SCREAMS DOMESTIC VIOLENCE SCREENER)[3]: This is a best practice screener to determine domestic violence. Each item is scored from 1-5. Thus, scores for this inventory range from 4-20. **A score of greater than 10 is considered positive.**

VACCINATION HISTORY: This section is designed to help Medical Case Managers determine which vaccinations the client has had and which vaccinations need to be given.

CAREWARE DATA ENTRY:
Under the "Encounters" tab click on "Immunization" tab.

If the agency is providing the immunization service, MCMs must enter the immunization provided (i.e. Influenza, Hep A, Hep B).

Idaho RWPB CAREWare User Guide 5.0 (page 43)

TRANSPORTATION EVALUATION: In this section, note the type of transportation currently used by the client. Additionally, note any particular barriers or concerns related to transportation. At this time, there is no identified way to score this section.

NUTRITION AND BASIC NEEDS EVALUATION: Answer the questions addressing nutrition and basic needs. At this time, there is no identified way to score this section.

ADHERENCE ASSESSMENTS: This section includes best practice screeners identified by the Case Management Society of America in the *Case Management Adherence Guidelines, 2006.* The following information is taken directly from the *Case Management Adherence Guidelines, 2006* and includes the following adherence assessments: REALM-R, Medication Knowledge, the Readiness-to-Change Ruler and the Duke-UNC FSSQ.

[3] Sherin K, *Sinacore; Li K, Zitter R and Shakil A.* HITS: A Short Domestic Violence Screening Tool for Use in a Family Practice Setting.

Adherence Assessment #1: The Rapid Estimate of Adult Literacy in Medicine Revised (REALM-R)[4]: This is a brief screening instrument used to assess an adult client's ability to read common medical words. It is designed to assist medical professionals in identifying clients at risk for poor literacy skills. The REALM-R is a word recognition test consisting of eight items.

Words that appear in this tool are:

Fat
Flu
Pill
Allergic
Jaundice
Anemia
Fatigue
Directed
Colitis
Constipation
Osteoporosis

Fat, Flu, and *Pill* are not scored and are positioned at the beginning of the REALM-R to decrease test anxiety and enhance client confidence. The following steps describe the approach that can be utilized to execute the test:

1. The medical case manager should give the client the list of REALM-R words.

2. In the medical case manager's own words, introduce the REALM-R to the client. **Note that the words "read" and "test" should be avoided when introducing and administering the REALM-R to the client.** These words may make the client feel uncomfortable and unwilling to participate. The following can be utilized to introduce the REALM-R:

   Sometimes in healthcare we may use medical words that clients aren't familiar with. We would like you to take a look at this list of words to help us get an idea of what medical words you are familiar with. It will help us know what kinds of client education to give you. Starting with the first word [point to 1st word with pencil]*, please say all of the words you know. If you come to a word you don't know, you can sound it out or just skip it and go on.*

3. If a client takes more than five seconds on a word, they should be encouraged to move on to the next word (for example, say "Let's try the next word"). If the client begins to miss every word or appears to be struggling or frustrated, tell the client, *"Just look down the list and say the words you know."*

[4] Bass PF, Wilson JF, Griffith, CH. A shortened instrument for literacy screening. *Journal of General Internal Medicine*. 2003;18:1036-1038.

4. Scoring: The REALM-R Examiner Record is used to record the out come of the test. Count as an error any word that is not attempted or is mispronounced. Place a check mark ("✓") next to each word the client pronounces correctly and an "X" next to each word the client does not attempt or mispronounces. Those clients scoring six or less correctly ("✓") should be considered to be at risk for health literacy issues.

Special considerations when using the REALM-R

1. ***Examiner Sensitivity:*** Many low-literacy clients will attempt to hide their deficiency. Ensure that you approach each client with respect and compassion. You may need to provide encouragement and reassurance. A positive, respectful attitude is essential for all examiners. (Remember, many people with low literacy feel ashamed.) Be sensitive.

2. ***Visual Acuity***: If the client wears glasses, ask him or her to put them on for this test. The REALM-R is designed to be read by persons with 20/100 vision or better. The client word list should be set in a font size of 18. In the studies utilizing the REALM-R, clients with worse vision were excluded. The REALM (long version of the REALM-R) has a visually impaired version using a font size of 28.

3. ***Pronunciation:*** Dictionary pronunciation is the scoring standard.

4. ***Dialect, Accent, or Articulation Problems:*** Count a word as correct if it is pronounced correctly and no additions or deletions have been made to the beginning or ending of the word. For example, a client who says jaundiced" would not receive credit for the word "jaundice"; "directs" would not receive credit for the word "directed"; "colon" would not receive credit for "colitis." Words pronounced with a dialect or accent should be counted as correct, provided there are no additions or deletions to the word. Particular attention should be paid to clients who use English as a second language.

5. ***Clients that are unable to read English:*** Clients whose primary language is not English represent an additional challenge when assessing health literacy. The REALM-R should not be simply translated into other languages in which it has not been validated. There are alternative tests that can be utilized for clients that read Spanish. Two validated tests that can be rapidly administered to Hispanic clients are the Short Assessment of Health Literacy of Spanish Adults (SAHLSA) (Lee, 2004) and the Third Vital Sign (Weiss, 2005).

   Here are five simple steps you can take to help your clients with low health literacy:

   1. **Help clients avoid feeling ashamed:** Encourage your clients to ask questions. Offer to help them with paperwork. Reassure them that many people have difficulty understanding healthcare information and that you can help.

2. **Use simple language:** Speak slowly and cover only two or three concepts at a time. Read written material aloud to your client and underline key points. Studies have show that even people who are college educated and can understand complicated words prefer to have medical information stated simply. Use Pictograms for clients with low-literacy. Graphics and other visual devices are often used to replace or supplement text in health information communications. Client educators may use pictograms as part of client education handouts, or as stickers. Pictograms are thought to be particularly useful for communicating information to consumers who speak English as a second language and to those with lower reading abilities.

3. **Use the teach-back method:** Simply asking a client if he/she understands is not enough. Instead, ask them to paraphrase what they will do and how they will do it when they are at home.

4. **Suggest bringing a friend or relative:** Ask clients if they would like a friend or relative to join them during the counseling and planning portion of the appointment.

5. **Talk with your staff:** Schedule an in-service with your staff to discuss low health literacy and to ensure that everyone is working together to be on the lookout for the problem.

Adherence Assessment #2: Medication Knowledge: This tool is used to assess the client's knowledge and ability to read and comprehend information necessary for appropriate medication use. The Medication Knowledge Survey is considered as a potential "modifier" of the final assignment of a client to a high or low knowledge category. A client who scores highly on the REALM-R may not necessarily understand vital information for appropriate medication use. Thus, a low score on the Medication Knowledge Survey combined with a high health literacy score would likely result in the case manager placing the client in the low knowledge category when constructing an adherence improvement program.

For clients who are new and not on HIV medications, leave this area blank at the time of the initial intake. One a regimen has been prescribed, go back and complete this portion of the Medical Case Management Assessment.

On the day that the Medication Knowledge Survey is to be conducted, clients should be asked to have all of their medication bottles (HIV-medications and non-HIV medications) readily available in one place for purposes of discussion. The case manager should also review any prior documentation of the client's current medication regimens before conducting the medication survey. This may reveal any "oversights" on the client's part, as well as streamline the entire survey process. Sources of documentation may include the physician's records and/or claims, and medication payment information available through the client's healthcare provider.

Before beginning the Medication Knowledge Survey, the medical case manager may wish to sort medications into two categories: "routine use" and "as needed" (prn) medications. Although it is important to uncover any potential overuse of pm medications, agents typically falling into this category are of lesser concern when performing a medication knowledge assessment. Also, some clients take so many medications that the depth of medication knowledge often becomes readily apparent by limiting the survey to "routine use" medications. Additionally, before beginning the Medication Knowledge Survey, **it is important for the case manager to ascertain that he or she is speaking to the person who takes (or will take) responsibility for the client's medication administration and management.**

Referring to the Medication Knowledge Survey form and each container of medication, ask the client the following questions about every one of their medications (HIV-medications and non-HIV medications):

1. Name of the medication? (Can the client read the label? Note: Incorrect pronunciation is not considered a failure on the client's part to identify medication.)

2. Why is the medication being taken? (For what disease or condition?)

3. How much medication (number of pills) is to be taken each time?

4. When is the medication to be taken? (Morning, before meals, twice a day, etc.)

5. What effects should the client be looking for? (Both positive and negative)

6. Where is the medication kept? (To ascertain special storage conditions needed)

7. When is the next refill due? (And plan or methods for obtaining refills of the medication)

As the question-and-answer session with the client or caregiver progresses, list the medications being reviewed in the left-hand column of the Medication Knowledge Survey form. Place check marks in the boxes relative to each question when the client adequately responds.

Medication Knowledge Scoring Instructions: The mathematical scoring for the Medication Knowledge Survey is the ratio of total checked questions to total possible questions on a 0-8 scale. There are a total of 8 answers for each medication. For example if your client was receiving 3 medications there could be a total of 24 correct responses (8 X 3 = 24). The score for the Medication Knowledge Survey is calculated by dividing the total number of correct responses (let's say 12) by the total possible responses (24). The overall Medication Knowledge Survey score would be fifty percent or 4 of 8. **A Medication Knowledge Survey score of <5 of 8 is typically classified as low medication knowledge. A score of >5 is classified as high medication knowledge.** It is

important to keep this mathematical score in perspective with your impression of the client's knowledge as you discuss their medication.

For those areas where the client does not have knowledge about their medication, you may want to spend more time discussing these aspects of their care. You should initially focus on how much to take and when to take each medication. As a general rule, if all but one box for each medication can be checked as the client successfully reads and reports to you, the client appears to be relatively knowledgeable about their medication. If only one or two boxes can be checked as successful, the client has limited knowledge about their medication.

CAREWARE DATA ENTRY: (Optional)

Under "Encounters" tab, click on "Medications" tab. Under "Current Medications" document client's ART Medications, PCP Prophylaxis medications and OI Prophylaxis medications.

For more information, see Idaho RWPB CAREWare User Guide 5.0 (page--)

Adherence Assessment #3: Readiness-to-Change Ruler[5]: The readiness-to-change ruler is a quick and effective tool that can assist a provider in assessing a client's "willingness or readiness to change." It is a useful tool for eliciting change talk from your clients. The Ruler is a simple, straight line drawn on a paper that represents a continuum from the left "not prepared to change" to the right "already changing." Clients are asked to mark on the line their current position in the change process for the specific behavior. Providers should then question clients about why they did not place the mark further to the left (which helps to determine what motivates their behavior) and what it would take to move the line further to the right (which helps to determine their perceived barriers). Providers can ask clients for suggestions about ways to overcome an identified barrier and actions that might be taken before the next visit.

Suggested follow up questions are as follows:

If the client's mark is on the left side of the line . . .

- How will you know when it is time to think about changing?
- What signals will tell you to start thinking about changing?
- What qualities in yourself are important to you?
- What connection is there between those qualities and "not considering a change?"

If the client's mark is somewhere in the middle . . .

- Why did you put your mark there and not further to the left?
- What might make you put your mark a little further to the right?
- What are the good things about the way you are currently trying to change?

[5] Bonner S, Zimmerman BJ, Evans D, Irigoyen M, Resnick D, Mellins RB. An Individualized intervention to Improve Asthma Management among Urban Latino and African-American Families. *Journal of Asthma*. 2002;39:167-179.

- What are the not-so-good things?
- What would be the good result of changing?
- What are the barriers to changing?

If client's mark is on the right side of the line . . .

- Pick a barrier to change and list some things that could help you overcome this barrier.
- Pick one of those things that could help and decide to do it by _____ (specific date).

If the client has taken a serious step in making a change . . .

- What made you decide on that particular step?
- What has worked in taking this step?
- What helped it work?
- What could help it work even better?
- What else would help?
- Can you break that helpful step down into smaller pieces?
- Pick one of those pieces and decide to do it by _____ (specific date)

If the client is changing and trying to maintain that change . . .

- Congratulations! What's helping you?
- What else would help?
- What else are your high-risk situations?

If the client has "fallen off the wagon" . . .

- What worked for a while?
- Don't kick yourself. Long-term change almost always takes a few cycles.
- What did you learn from the experience that will help you when you give it another try?

Two concepts that are useful to assess when determining readiness are *importance* and *confidence*. Importance, or why should I change, is an indication of whether the change is worthwhile. Confidence, or how will I do it, is an indication of whether the individual can achieve it. These can be assessed very informally or by using a scale technique similar to the Readiness Ruler. This assessment can give you very quick feedback on how an individual feels about a particular change especially if someone's readiness is low. Based on how they respond, a case manager can determine which issue is impacting the client's readiness. From there, strategies can be used to either explore importance or build confidence.

Adherence Assessment #4: Duke-UNC FSSQ[6]: The Duke-UNC Functional Social Support Questionnaire (FSSQ) will allow you to make a quick assessment of the client's social support network and determine if this should be considered a "modifier" to findings of the Readiness Ruler for any planned or desired behavior change. The FSSQ is

[6] Broadhead WE, Gehlbach SH, DeGruy FV, Kaplan BH. The Duke-UNC Functional Social Support Questionnaire measurement of social support in family medicine patients. *Med Care.* 1989;27:221-223.

an eight-question form that asks about the client's perceived level of confidence in affective support. When summaries of the affective and confident domains are combined into one average score, the tool can provide a good indication as to the client's level of social support. Each question on the FSSQ is scored on a 1 to 5 scale, with 3.0 being an average score.

The client is asked to read each statement on the FSSQ and supply a check mark next to the response that best matches his or her feelings about the question. Possible responses and their corresponding scores are:

Response:	Score
As much as I would like	5
Almost as much as I would like	4
Some, but would like more	3
Less than I would like	2
Much less than I would like	1

All questions on the FSSQ must be answered before scoring. If the client skips a question, it will need to be answered to complete the scoring process. To score the FSSQ in its entirety, simply add up the numeric score that corresponds with the client's response to each question and divide by eight to generate an average score. The client is perceived to have greater social support as the number increases.

FSSQ Scoring Instructions:

1. All questions must be completed to score the FSSQ.
2. Add the numeric scores for all eight questions.
3. Divide the total score by eight to achieve an average score.

8. IDAHO RYAN WHITE MEDICAL CASE MANAGEMENT ASSESSMENT SUMMARY

POLICY

The Idaho Ryan White MCM Assessment Summary is to be completed by Medical Case Managers during any new intake and annual assessment. Summary is intended to go client's medical provider upon first visit or visit following annual recertification process as an information tool. The Summary is intended to document client's presenting issues to be addressed on the Wellness Plan and potentially by other providers.

PROCEDURE

1) Each section of the Summary is based upon the corresponding section of the MCM Assessment.
2) Presenting Issues: In this section, provide a statement indicating the client's strengths and challenges at time of MCM Assessment.
3) After completing the MCM Assessment, use the data gathered to complete the Summary. For MCMs whose clients attend Pocatello Family Medicine or the Wellness

Center in Boise, the completed Summary is to be faxed to the Clinic Nurse LPN at Pocatello Family Medicine (208) 282-6492 or the Wellness Center 208-514-2504 (208) 321-4859 (whichever is applicable).

4) Gaps indicated in the nine assessment areas should then correspond to a goal identified on the Wellness Plan (see instructions in the following section).

9. IDAHO RYAN WHITE MEDICAL CASE MANAGEMENT WELLNESS PLAN

POLICY

The Wellness Plan is designed as a tool to be used by Medical Case Managers and clients to help set and accomplish goals. The goals are based on the results of the MCM Assessment as indicated in the Summary. The Wellness Plan is to be completed by MCMs during any new intake and annual assessment.

Section goals are meant to be overarching goals attempting to include the needs identified in the corresponding section of the Assessment. Tasks and steps are ways to break the goal into achievable action steps.

PROCEDURE

Each section of the Assessment and the Summary should translate to the Wellness Plan.

1) Goal: Together, the Medical Case Manager and the client identify appropriate goals for each section of the Wellness Plan.

2) Task: an identifiable action that will assist in accomplishing the goal

3) Steps 1 and 2: identifiable actions that will assist in completing the task

4) Follow up: Determine how each participant will know if a task is completed

5) Example in table below:

Financial Concerns Goal: Increase income		
Task 1: Get a job		
Step 1: Go to employment office	Date: 3/25/11	Person Responsible: John Doe
Step 2: Look in "Help Wanted Ads" and call on three jobs	Date: 4/3/11	Person Responsible: John Doe
Follow up (who, when and how): John Doe will call Alfredo to tell her what happened at the employment office and which three jobs he called about by 4/5/11.		
Task 2: Apply for Unemployment		
Step 1: Pick up application packet and complete	Date: 3/25/11	Person Responsible: John Doe
Step 2: Call and make appointment for John Doe with case worker at employment office	Date: 3/31/11	Person Responsible: Alfredo
Follow up (who, when and how): John Doe will call Alfredo when application is completed so she can make an appointment by 3/31/11.		

6) When completing Wellness Plans, use following guidelines:
   a. Do not use acronyms or symbols (for example "@, w/, Pt, ↓, Ct, MCM")
   b. Write legibly to ensure clients can read the Wellness Plans
   c. Use consistent language (i.e. client's name, name of Medical Case Manager, *or* name of doctor)
   d. Write "No needs at this time". (If client scores positive on the mental health portion of the SAMISS, but does not wish to address the issues, note this on the Wellness Plan as well as in the case notes).

7) The white copy of the Wellness Plan is intended for the client's MCM file; the yellow copy is intended for the client to take with them

8) Wellness Plans are to be completed
   a. Each time a new goal, task or step is identified
   b. Annually during recertification process

CAREWARE DATA ENTRY

Under "Annual Review" tab click on appropriate "Quarter" tab. Under "Custom Field Section" there is a Wellness Plan date field. Enter the date of Wellness Plan completion. Corresponding CAREWare Service Entry should also be entered.

See Idaho RWPB CAREWare User Guide 5.0 (page 36).

10. IDAHO RYAN MEDICAL CASE MANAGEMENT WELLNESS PLAN UPDATE

POLICY

The Wellness Plan Update is designed as a tool to be used by Medical Case Managers and clients to help set and accomplish updated goals. The Wellness Plan Update is to be completed by MCMs as needed.

PROCEDURE

Complete the following for each goal:

1) Goal: Together, the Medical Case Manager and the client identify appropriate goals for each section of the Wellness Plan Update.
2) Task: an identifiable action that will assist in accomplishing the goal
3) Steps 1 and 2: identifiable actions that will assist in completing the task
4) Follow up: Determine how each participant will know if a task is completed

CAREWARE DATA ENTRY

Under "Annual Review Tab" click on appropriate "Quarter" tab. Under "Custom Field Section" there is a Wellness Plan date field. Enter the date of Wellness Plan completion or update.

See Idaho RWPB CAREWare User Guide 5.0 (page 36).

Corresponding CAREWare Service Entry should also be entered.

11. IDAHO RYAN WHITE MEDICAL CASE MANAGEMENT ADHERENCE FOLLOW-UP ASSESSMENT

POLICY

The Modified Morisky Scale (MMS)[7] is scale is to be used to follow up every three to six months *after* the assessment has been completed. Additionally, the MMS is to be completed during the recertification process. *To be completed by MCM at two-month intervals or as determined appropriate.*

PROCEDURE

Developed by Morisky *et al* , the MMS is used for clients who are already receiving medication therapies and for those who have been previously assessed with the previously described adherence assessments. When the MMS is used, clients are assigned to an adherence intention quadrant as follows:

[7] Morisky DE, Levine DM, Greene LW, Shapiro S, Russell RP, Smith CR. Five-Year Blood Pressure Control and Mortality Following Health Education for Hypertensive Patients. *American Journal of Public Health*.

Questions 1, 2, and 6, which measure forgetfulness and carelessness, are considered to be indicative of motivation (or lack thereof) and consequently impact the motivation aspects of adherence intention.

Questions 3, 4, and 5, which measure if clients stop medications and understand the long-term benefits of continued therapy, were considered to be indicative of knowledge (or lack thereof) and consequently impact the knowledge aspects of adherence intention.

By using the MMS as an indicator of both *motivation and knowledge*, it is possible to use the scale ratings when assigning an adherence intention quadrant for the evaluated client.

MMS Scoring Instructions:
All questions on the MMS are answered on a "Yes" or "No" scale. For the motivation domain, each "No" answer (questions 1, 2, 6) receives a score of 1 and each "Yes" answer receives a score of 0. This provides a scoring range of 0 to 3 for the motivation domain.

If a client's total score is 0 to 1, the motivation domain is scored as *low*. If the score is >1, the motivation domain is scored as *high*. For the knowledge domain, "No" answers for questions 3 and 4 receive a score of 1 and "Yes" answers for questions 3 and 4 receive a score of 0. On question 5, a "No" answer receives a score of 0 and a "Yes" answer receives a score of 1. This provides a scoring range of 0 to 3 for the knowledge domain. If a client's total score is 0 to 1, the knowledge domain is scored as *low*. If the score is >1, the knowledge domain is scored as *high.*

After MMS scoring is completed, an adherence intention quadrant for CMAG is identified, along with recommendations for an adherence improvement plan.

12. TERMINATION AND DISCHARGE PLANNING

POLICY

Each medical case management situation may reach a point where services are no longer required or appropriate for a variety of circumstances. Case file closure, service termination and/or discharge planning procedures may be initiated under the following circumstances:

1) The client declines continued medical case management services

2) The client is no longer eligible to receive services based on the program guidelines (see *Client Eligibility in Section II)*

3) The client remains out of contact and unable to locate for longer than ninety days

4) The client refuses to adhere to the agency or program's conduct guidelines (see *Client Responsibilities in Section II*).

5) The client dies

In situations where the client declines MCM services or is determined to be no longer eligible the medical case manager must make reasonable efforts to provide appropriate referrals to other available services, including alternate MCM providers, if appropriate, to ensure the continuum of care for the individual.

SECTION III: CLIENT RECERTIFICATION

1. CLIENT ELIGIBILITY

POLICY

Clients Receiving Medical Case Management:

Recertification needs to be completed once every 12 months in the same month of the intake date. If the recertification is completed earlier or later than the month it is due, the annual recertification (month) will not change. There is a grace period of thirty (30) days from the end of the recertification month.

> Client Responsibility: If the case is closed due to late submission of a recertification, client may reapply for services.

Client Receiving ADAP:

Recertification needs to be completed every six months. The first recertification is due six months from the intake date. The six-month recertification is primarily to update income and insurance status information. The yearly recertification is due the same month of the intake month. There is a grace period of thirty (30) days from the end of the recertification month.

> Client Responsibility: If the case is closed due to late submission of a recertification, client may reapply for services. In situations where there is a waitlist, the client would move to the end of that list.

PROCEDURE

1) For annual recertification, the following steps must be completed:
    a. Medical Case Manager (MCM) meets face to face with the client
    b. MCM reviews Client Responsibilities (see page—in MCM Policies and Procedures Manual)
    c. MCM completes the Idaho Ryan White Medical Case Manager Annual Recertification form
        1) Personal/Contact Information: use guidelines as per Idaho Ryan White Medical Case Management Intake and Eligibility procedure
        2) MCM verifies income using one of the following:
            a. Paystub (3 month)
            b. SSI/SSD check/annual statement
            c. Income tax returns for previous year

d. Statement of No Income

3) HIV Status
   a. Note any changes in diagnoses over the previous year
   b. Enter the most recent CD4 and Viral Load results
   c. Note HIV care provider
4) Insurance Information, Finance Information and Housing Status: use guidelines as per Idaho Ryan White Medical Case Management Intake and Eligibility procedure
5) MCM FAX or mail the following documents to the RWPB Program at the Idaho Department of Health and Welfare:
   a. Idaho Ryan White Medical Case Management Annual Recertification
   b. Release of Information
   c. Copies of income documentation
   d. Copies of insurance card(s)

d. MCM Completes the Idaho Ryan White Medical Case Manager Wellness Plan
e. MCM Completes the Idaho Ryan White Medical Case Manager Assessment (applicable portions only)
f. MCM Completes the Idaho Ryan White Medical Case Manager Summary

2) For ADAP six month Recertification, the following steps must be completed:
   a. Complete the Ryan White Financial Status and Eligibility Update form using the definitions found on this form
   b. Make copies of income verification
   c. Make copies of insurance card(s)
   d. MCM FAX or mail the Ryan White Financial Status and Eligibility Update form to the RWPB Program at the Idaho Department of Health and Welfare.

CAREWARE DATA ENTRY

For annual and ADAP recertification due dates, see "Annual Review" tab and then click on "Custom Annual" tab. Data should be filled in by the state office.

See Idaho RWPB CAREWare User Guide 5.0 for more information (see page 35).

SECTION IV: ADMINISTRATIVE POLICIES

1. MEDICAL CASE MANAGEMENT CONTRACTS: TIME AND BILLING

POLICY

Idaho Ryan White Part B funding is made available to contractors who provide the program activities. The RWPB Federal Fiscal Year (FFY) begins April 1 and ends March 31. Contracts for services to be provided, and payment for those services, are negotiated by staff of FPSHP with provider agencies staff at least once during the RWPB fiscal year. Negotiation proceedings and timing of those proceeding vary depending upon the agencies involved. Idaho Department of Health and Welfare (IDHW) requires bidding processes that occur every three to four years. The bidding or request for proposal procedures vary depending upon services requested, amounts of the contract, and a number of other IDHW Administration Rules.

PROCEDURE

Service and Billing Reports:

1) RWPB contractors submit monthly service reports generated from the CAREWare software program. The Services Report identifies each client by a unique identifier and reports the date, number of service units, and type of service provided.

2) These reports are submitted within fifteen (15) calendar days following the end of each reporting month and are accompanied by a contract agency invoice.

3) The invoice must detail the amount of charges per funded category and total payment request amount.

2. IDAHO HIV QUALITY MANAGEMENT PLAN

POLICY

The Idaho HIV Quality Management Plan is included in the MCM Manual. It is also available online at http://www.mtnstatesgroup.org/IACHA.htm. The HIV QM Plan is updated annually following the QM Committee meeting (usually held in February of each year).

The role of the MCM in the HIV QM Plan is as follows:

1) Review QM Plan annually
    a. Review measures
    b. Review QI projects

2) Review past data

3) Accurately enter lab data into CAREWare

4) Engage in ongoing communication with RWPB staff and the QM Coordinator to discuss data related issues

5) Participate in Quality Improvement projects as assigned

3. IDAHO RYAN WHITE MEDICAL CASE MANAGEMENT FORMS AND POLICIES AND PROCEDURES

POLICY

RWPB Medical Case Management forms are subject to change; which may require changes to policies and procedures. It is vital to standardized case management programs that all entities using these documents: are kept abreast of changes, have access to the most recent versions of documents, and ensure the use of the most current versions. Form updates will occur annually unless significant program changes are required.

PROCEDURE

As changes to RWPB MCM forms are completed, the updated form will be posted on the program's website. The website may be accessed by following the steps listed below:

1) Type in your web browser *www.safesex.idaho.gov.*

2) Click on "Care and Treatment"

3) Idaho Ryan White Medical Case Management forms are located in the column on the right. The forms will include the date the form was created to help ensure it is the most recent version.

An annual Medical Case Management web-based training will be conducted at the beginning of each Ryan White Part B fiscal year. Updated forms and Policies and Procedures packets will be mailed to each contractor.

NOTE: ***ALL PREVIOUS YEAR'S FORMS AND POLICIES AND PROCEDURES MUST BE DISCARDED UPON RECEIPT OF THE CURRENT YEAR'S PACKET.***

4. PAYER OF LAST RESORT

POLICY

Federal Payer of Last Resort policies were introduced in the 1990 authorization of the CARE Act and are found in Parts A thru F of the legislation. The policy states "CARE Act grant funds cannot be used to make payments for any item or service if payment has been made, or can reasonably be expected to be made, with respect to that item or service under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or by an entity that provides prepaid health care". This portion of the legislation has

remained through the reauthorization processes culminating with the RW Treatment Modernization Act of 2006 generating the following:

> *HRSA HAB Policy Notice -08-01: The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs. The Ryan White HIV/AIDS Program must be the payer of last resort. In addition, funds received under the Ryan White HIV/AIDS Program must be used to supplement but not supplant funds currently being used from local, State, and Federal agency programs. Grantees must be capable of providing the HIV/AIDS Bureau (HAB) with documentation related to the use of funds as payer of last resort and the coordination of such funds with other local, State, and Federal funds.*

If clients have access to private insurance through their employer, they must apply.

Emergency Financial Assistance: is the provision of short-term payments to agencies or the establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication, when other resources are not available.

1) RW Part B will reimburse for expenditures under this category with the following restrictions:
    a. "Short Term" is defined as no more than three months (90 days).
    b. Funding may **not** be used to pay for insurance co-pays for medications.
    c. "Essential utilities" is defined as power, water, heat and phone.
    d. RWPB funds will only cover 75% of any one eligible charge.

Medical Transportation**:** Medical Transportation is an allowable support service under the Ryan White HIV/AIDS Program. Funds may be used to provide transportation services for an eligible individual to access HIV-related health services, including services needed to maintain the client in HIV/AIDS medical care. Transportation should be provided through:

1) A contract(s) with a provider(s) of such services;
2) Voucher or token systems;
3) Mileage reimbursement that enables individuals to travel to needed medical or other support services may be supported with Ryan White HIV/AIDS Program funds; but should not in any case exceed the established rates for Federal Programs. Federal Joint Travel Regulations provide further guidance on this subject.
4) Use of volunteer drivers (through programs with insurance and other liability issues specifically addressed); or
5) Purchase or lease of organizational vehicles for client transportation programs.

Maintenance of Privately Owned Vehicles: Funds awarded under the Ryan White HIV/AIDS Program may NOT be used for direct maintenance expense (tires, repairs, etc.) of a privately owned vehicle or any other costs associated with a vehicle, such as

lease or loan payments, insurance, or license and registration fees. This restriction does not apply to vehicles operated by organizations for program purposes.

PROCEDURE

Medical Case Managers must ensure that all clients are screened for Medicaid, Medicare, and/or access to other public or private insurance coverage when determining eligibility. The following procedures must be followed:

1) Medical Case Managers have the responsibility to screen each client for Medicaid eligibility.

2) If clients are eligible, they must apply for Medicaid.

3) All communication with Medicaid should be kept in client's files.

4) Screen clients for private insurance coverage through their employer.

4. SITE VISITS

POLICY

The FPSHP will conduct site visits every two (2) years to assist the Contractor with program improvements. Contract requirements will be reviewed, and random charts may be audited, to assist program staff in monitoring the consistency and quality of services rendered. Site visits will be coordinated with the Contractor's clinic schedule(s). The Contractor will allow the FPSHP staff to observe delivery of RWPB services during scheduled site visits and will ensure that staff who fulfill the Scope of Work program activities are in attendance for the site visit. A written report of the site review findings will be provided to the Contractor within 30 days. Follow-up action to the recommendations made in the site visit report will be performed by the Contractor as stipulated in the report.

PROCEDURE

Contractors will be contacted to participate in site visit planning. Site visits will usually require the participation of Contract Administrators, Medical Case Managers, and/or clerical staff. The contracted agency is provided a pre-site visit document which they are to fill out and return. At the time of the visit, state review staff will be performing for the following activities.

Document Review:

The Contractor will ensure that all eligible Ryan White Part B client files will contain the following completed and signed forms with appropriate supporting documentation:

1) Eligibility Documentation:
    a) Proof of Income
    b) Proof of HIV status

c) Proof of insurance/Medicaid/Medicare coverage
d) Proof of Idaho residency
e) Current picture identification card

2) Confidentiality Documents
    a) Agency Notice of Privacy Practices
    b) Appropriate signed Release of Information forms

3) Programmatic Requirements
    a) Ryan White Medical Case Management Intake and Eligibility Determination
    b) Ryan White Medical Case Management Assessment
    c) Ryan White Medical Case Management Summary
    d) Ryan White Medical Case Management Wellness Plan
    e) Ryan White Medical Case Management Wellness Plan Update
    f) (s)
    g) Ryan White Medical Case Management Recertification (if applicable)

4) Medical Case Management Service Documentation
    a) Quarterly lab results
    b) Annual screenings lab results
    c) Medical visit documentation
    d) Specialty care referrals
    e) Other referral documentation

Services Review:

State reviewers will be checking to ensure that Medical Case Managers are providing appropriate HRSA-defined services by providing and documenting (in CAREWare, case notes and client files), which are as follows:

1) Assessment of needs and personal support systems;

2) Development of the Wellness Plan;

3) Coordination of services identified in the Wellness Plan;

4) Monitoring services received; and

5) Periodic re-evaluation of the participant's Wellness Plan to make revisions to reflect the individual's needs.

Contact with clients must coincide with documentation in client files and/or CAREWare. For further clarification, see the Idaho Ryan White CAREWare User Guide.

Billing Review:

During site visits a billing audit will also be performed.

As services are entered into CAREWare a corresponding case note and service comment must be entered detailing the type of contact, service issue and amount of time spent. These three items will be randomly checked to determine if they are consistent.

SECTION V: LABS

1. LAB ORDERS FOR UNINSURED CLIENTS

A. Treasure Valley Labs

POLICY

Treasure Valley Labs (TVL) provides HIV monitoring labs for uninsured clients in Southeast Idaho. Clients who have Medicaid, Medicare or private insurance must comply with their respective insurance guidance.

For uninsured clients in Districts, 6 and 7, use the lab order slips provided by TVL, which are specific to RWPB and RWPC programs and identify the preapproved labs. Any lab request not indicated on the TVL lab order should be preapproved by a Part C clinic provider.

PROCEDURE

Prior to ordering labs, MCMs must identify if a client has Medicaid, Medicare or private insurance.

Indicate the insurance information on the lab order slip and ensure the client provides to the lab.

B. Interpath Labs

POLICY

Interpath provides HIV monitoring labs for uninsured clients in Districts 3, 4 and 5. Clients who have Medicaid, Medicare or private insurance must comply with their respective insurance guidance.

For uninsured clients in Districts 3, 4 and 5, use the lab order slips provided by Interpath, which are specific to RWPB and RWPC programs and identify the preapproved labs. Any lab request not indicated on the Interpath lab order should be preapproved by a Part C clinic provider.

PROCEDURE

Prior to ordering labs, MCMs must identify if a client has Medicaid, Medicare or private insurance.

2. LAB ORDERS FOR INSURED CLIENTS

POLICY

If client is insured through Medicaid, Medicare or private insurance, they must go to an "in-network" provider to avoid additional co-pays.

If client has Medicaid, Medicare or private insurance that uses TVL or Interpath for labs, MCMs must include the client's insurance information on the lab order to prevent the billing being sent to RPWB and/or RWPC.

PROCEDURE

If a client has Medicaid, Medicare or private insurance, MCM ensure that clients go to an "in-network" provider to avoid additional co-pays.

3. TRACKING CLIENT DIAGNOSTIC, MONITORING AND SCREENING LABS

POLICY

MCMs are responsible for tracking lab results by entering the information into CAREWare. This includes clients seen by private providers, Part C clinics, and other public or private entities.

PROCEDURE

MCMs must ensure current releases of information are on file to request lab results be communicated to them on each client receiving MCM services in their particular agency.

CAREWARE DATA ENTRY

Under "Encounters" tab, click on "Labs" and enter the results of each lab listed on the medical record. If a corresponding lab is not visible in CAREWare (is not a common lab), a CAREWare administrator must add the lab to the list of options. Please call or email the state office.

See Idaho RWPB CAREWare User Guide 5.0 (Pages 41-42)

SECTION V: AIDS DRUG ASSISTANCE PROGRAM (ADAP)

1. IDAHO ADAP PROGAMS

POLICY

In the State of Idaho, the AIDS Drug Assistance Program (ADAP) provides eligible Idahoans access to the prescription medication needed to manage and treat HIV. The Ryan White Part B Programs follows the federal guidelines, Section 2617 (b) (6) (F) of the Ryan White CARE Act when providing the AIDS Drug Assistance Program (ADAP).

States are required to **"**ensure that grant funds are not utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service (i) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program." (From federal policy cited above.)

2. IDAHO STATE PRESCRIPTION ASSISTANCE PROGRAM: IDAGAP

POLICY

In an effort to ensure continued access to the prescription medication needed to manage and treat HIV, Idaho's RWPB Program created an HIV+ only State Prescription Assistance Program (SPAP) called IDAGAP. In this program, Idaho State general funds dedicated to ADAP, may be utilized for the payment of Medicare Part D Insurance co-pays and coverage gap (Donut Hole) payments for ADAP eligible clients who are enrolled in an Idaho Medicare Part D Drug Plan in accordance with the following requirements:

Eligibility:

1) Must be Idaho resident
2) Must be HIV positive
3) Must be eligible for Medicare
4) Must be enrolled in Medicare Part D Prescription Drug Plan
5) Please call Medicare at (800) 633-4227 or visit their website at: www.medicare.gov for information regarding Medicare Part D drug plans)
6) Must have income between 151% to 200% of Federal Poverty Level
7) If client is eligible for Low Income Assistance (LIS), they are eligible for IDAGAP
8) Must be participating in an Idaho HIV Medical Case Management Program

Benefits of IDAGAP:

1) IDAGAP works with all Idaho Medicare Part D Plans

2) IDAGAP uses the formulary of the Medicare Part D plans. Any drug covered by a member's Medicare Drug plan will also be covered by IDAGAP.

3) IDAGAP will pay co-pay and coverage gap amounts until such time as individual reaches the Catastrophic Coverage Portion of the Part D Plan.

4) IDAGAP will not pay premiums or deductibles.

5) IDAGAP assistance will cease when the Catastrophic Coverage Portion of Part D Plan is reached.

6) Medicare Part D **excludible** drugs are not covered by IDAGAP.

PROCEDURE

Eligible clients must be enrolled in a medical case management (MCM) program. For a list of Ryan White MCM funded agencies, please go to the following website link: www.safesex.idaho.gov under "HIV Care and Treatment" or call (208) 334-6527

MCMs will determine eligibility for IDAGAP using the above eligibility requirements.

3. ADAP NON-ADHERENCE POLICY

POLICY

1) Active participation in ADAP is defined as consistent ordering patterns with no gaps for more than two months without written notice from the prescribing authority.

2) Participants **will be removed** from ADAP, if the program has not received orders for two consecutive months from the prescribing authority. Exceptions to removal from ADAP are listed below:
   a. Under the advice and consultation of a physician, formulary medications are temporarily discontinued.
   b. A copy of an Idaho ADAP Order Form with the prescribing physician's orders and signature constitutes proof of the temporary medication holiday. The ADAP state office must receive proof of the temporary discontinuation of formulary medications within forty-five days of the due date of the missed order.

3) The intent of this exception policy is to allow for situations in which ADAP participants have discontinued their ARVs under the advice and consultation of their physician. This exception allows the physician time to perform a review of medications along with any testing, such as phenotype and/or genotype to select an effective combination of ARV.

4) Once deactivated, the client will have to reapply for service. (If a waiting list situation exists, these clients would be put on the waitlist).

PROCEDURE

Ryan White Part B staff will monitor ordering patterns of all ADAP clients. All attempts will be made to contact appropriate Medical Case Managers to inform them of gaps in ordering patterns. Medical Case Managers may not continue to order medications when a client ceases to be enrolled in ADAP

1) Medical Case Managers must attempt to contact the client in question.

2) If unable to contact the client, a decision will be made whether to de-enroll client from ADAP.

4. ADAP WAITING LIST

POLICY

During times when there is a need for a waiting list for eligible ADAP participants, clients will be served on a first, come first serve approach with the following stipulations.

1) The State HIV Medical Director is consulted in cases where a "medical need" may arise that could affect the person's position on the wait list.

2) Form letters are sent to clients Part B or C Medical Case Managers and prescribing physicians notifying them that while their client is eligible for ADAP, we are in a wait list situation and the clients name will be added to the list.

3) This letter serves to notify all parties that the client is on the wait list and additionally serves as proof to pharmaceutical companies that the client cannot be served by Idaho ADAP; which may assist in determining eligibility for prescription assistance through the appropriate pharmaceutical companies.

In cases where a medical need may affect the client's position on a wait list, the following resources and protocols may be used for determining that need:

1) Our states NWAETC local performance site, located in Boise, may have funding that can provide for to consult time with a client's prescribing physician.

2) Based upon the results of that consult, the Idaho HIV Medical Director may determine where the client is to be placed on the current wait list.

For clients on the wait list in need of HIV monitoring labs, RPWB will pay for HIV related lab work provided a client has been placed upon the wait list and client has met all Ryan White Part B/ADAP eligibility requirements.

PROCEDURE

Determination of the Idaho ADAP need for a wait list will be completed by staff of the RWPB Program in collaboration with the FPSHP Program Manager and other partners as needed.

Wait list creation and management are the responsibilities of the RWPB Program Coordinator and FPSHP Data Coordinator.

The FPSHP Data Coordinator or other designated staff will send out wait list notification form letters to all of the above named entities within three business days of receiving an Idaho Ryan White Medical Case Management Intake and Eligibility Determination Form.

To provide for HIV monitoring labs for clients on the wait lists, all paperwork required of a new intake must be submitted to the state.

5. ORDERING ADAP MEDICATIONS

POLICY

U.S. Department of Health and Human Services (HRSA) Guidelines:

The current statute requires that all States/Territories determine the formularies from the list of core classes of antiretroviral medications established by the Secretary (for more information, please refer to Section 2616(c)(1) of the PHS Act). The core classes include the following:

1) Multi-Class Drugs
    a. Atripla

2) Neucleoside/Neocleotide Reverse Transcriptase Inhibitors (NRTI)
    a. Combivir
    b. Epivir
    c. Epzicom
    d. Retrovir
    e. Trizivir
    f. Truvada
    g. Videx
    h. Viread
    i. Zerit
    j. Ziagen
    k. Hivid (not on Idaho's ADAP Formulary; not used very often)

3) Non Necleoside Reverse Transcriptase Inhibitors (NNRTI)
    a. Intelence
    b. Rescriptor (not on Idaho's ADAP Formulary; not used very often)
    c. Sustiva
    d. Viramune

4) Protease Inhibitors (PIs)
    a. Aptivus
    b. Crixivan
    c. Invirase (not on Idaho's ADAP Formulary; not used very often)
    d. Kaletra
    e. Lexiva
    f. Norvir
    g. Prezista
    h. Reyataz
    i. Viracept

5) Entry Inhibitors
    a. Fuzeon
    b. Selzentry

6) Integrase Inhibitors
    a. Isentress

7) Opportunistic Infection Meds (OI's)
    a. Azithromax
    b. Biaxin XL
    c. Dapsone
    d. Famciclovir
    e. TMP/SMZ/DS
    f. Valtrex
    g. Zithromax

Ordering Medications:

The person responsible for ordering medications (this position varies district by district) must complete the Idaho ADAP Order Form and submit it to the FPSHP Data Coordinator (Merideth Duran). When completing the Form, do not make any changes to the listed medications, dosages or strengths.

ADAP orders must be submitted at least 20 days apart. For special circumstances, please contact the FPSHP Data Coordinator (Merideth Duran).

Adding to the Idaho ADAP Formulary:

New antiretroviral medications (ARVs) and new Opportunistic Infection medications are added routinely to the Idaho ADAP Formulary. However, it may take time for the State to update the actual form. Prior to updating the form, the new medications and/or dosages will be available and may be requested. Communication with the State is crucial as it may take up to two weeks for the pharmacy services provider to make changes to the pre-approved formulary. When requesting a new medication or dosage, contact the FPSHP Data Coordinator (Merideth Duran) prior to submitting an order; *do not just submit an altered ADAP Order Form.*

Special Orders:

Changes to the Formulary will be determined on a case by case basis. The person responsible for placing ADAP orders will need to contact the FPSHP Data Coordinator (Merideth Duran) to arrange for such changes.

Shipping Address Changes:
It may take up to 48 hours for the pharmacy services provider to update a shipping address. The shipping address must be updated prior to submitting an order. Please plan accordingly.

6. ADAP MEDICATIONS REPLACEMENT POLICY

POLICY

Idaho ADAP will replace lost medications once in a 12-month period.

Idaho ADAP will replace stolen medications according to the following procedure.

PROCEDURE

Stolen Medications:

If a client reports stolen medications, then the client need to file a report with the local police department. The MCM must request a copy of the police report to be supplied to FPSHP.

Lost Medications:

If a client reports that medications were lost, the client and/or MCM need to inform FPSHP. To expedite the process, please contact FPSHP as soon as possible.

7. ADAP CLIENTS TEMPORARILY LEAVING IDAHO

POLICY

ADAP scripts allow for at most 60 days of medication. ADAP will only provide up to 60 days of medication in advance.

PROCEDURE

If a client is temporarily leaving Idaho and requests refills, the following steps may be taken:

1) Client must provide MCM with specific departure and return dates;

2) FPSHP will purchase a maximum of two months of medications, provided the prescribing authority agrees; and

If client has not returned to Idaho in time for their third month of medications, they will immediately be removed from ADAP

APPENDEX

1. WHERE TO FIND HIV/AIDS AND HEPATITIS RESOURCE DIRECTORY

1) Go to the safesex.idaho.gov site
2) Click on "HIV and AIDS" icon
3) Click on the link to Community Resource Guide on the right side of the screen

2. ADHERENCE SUPPORT MATERIALS:

1) MCMs may wish to use a pill sheet to help clients identify when and how to take medications. For an example, go to http://www.ahrq.gov/qual/pillcard/pillcard.htm
2) For HIV treatment guidelines, go to http://www.aidsinfo.nih.gov/guidelines/